Late Contribution Report

**Type or print in ink.
Amounts may be rounded to whole dollars.**

NAME OF FILER SAMUEL L. GINN	**Date of This Filing** ____01/05/2023____
AREA CODE/PHONE NUMBER (650)877-8030	**I.D. NUMBER** (if applicable) 1408681

CALIFORNIA FORM 497

Date Stamp

Report No. ____4____

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Page 1 of 2

STREET ADDRESS

☐ **Amendment to Report No.** _____
(explain below)

CITY
SAN MATEO

STATE
CA

ZIP CODE
94402

No. of Pages ____2____

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

**FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC**

2766633-0

Late Contribution Report

CALIFORNIA FORM	**497**

NAME OF FILER SAMUEL L. GINN	**Date of This Filing** _____ 01/05/2023 _____

AREA CODE/PHONE NUMBER (650)877-8030	I.D. NUMBER (if applicable) 1408681

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STREET ADDRESS

☐ **Amendment to Report No.** _____
(explain below)

Page 2 of 2

CITY SAN MATEO	STATE CA	ZIP CODE 94402	**No. of Pages** _____ 2 _____

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/12/2022	GALLAGHER FOR ASSEMBLY 2022 Sacramento, CA 95814 ID# 1434393	JAMES GALLAGHER State Assembly District 03 Jurisdiction: State Assembly District	$4,900.00	
09/15/2022	NO ON 30 Sacramento, CA 95814 ID# 1450340	PROPOSITION 30 STATEWIDE	$25,000.00	

Reason for Amendment:

2766633-0